The State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES

Thomas S. Burack, Commissioner

June 7, 2013

Powder Mill Fish Hatchery
New Hampshire Fish and Game
Mr. Thomas Givetz
Superintendent
288 Merrymeeting Road
New Durham, New Hampshire 03855

Subject: National Pollutant Discharge Elimination System (NPDES)
Compliance Sampling Inspection (CSI)
Powder Mill Fish Hatchery, New Durham, NH
NPDES Permit No. NH0000710

Dear Mr. Givetz:

The New Hampshire Department of Environmental Services, Water Division, Wastewater Engineering Bureau (DES) reviewed the actions taken by the Powder Mill Fish Hatchery (Powder Mill) in response to the April 17, 2013 NPDES CSI. Based on Powder Mill's response letter dated June 7, 2013, DES determined that Powder Mill resolved the issues in a manner consistent with Water Division regulations and NPDES permit requirements.

Please be advised that DES will continue to monitor Powder Mill's compliance status, and that this letter does not provide relief against any existing or future violations.

If you have any questions regarding this matter, please contact me at (603) 271-1494. Thank you for your cooperation.

Sincerely,

Tracy L. Wood, P.E.
Compliance Supervisor
Wastewater Engineering Bureau

cc: DES, WD, WWEB/File
Joy Hilton, USEPA Water Technical Unit

New Hampshire Fish and Game Department
Powder Mill Fish Hatchery
288 Merrymeeting Road
New Durham, NH 03855
Telephone: 603/859-2041

June 7, 2013

Tracy L. Wood
DES
Compliance Engineer
P.O. Box 95
Concord, NH 03302-0095

RE: Corrective action for site visit 4/17/2013 **Federal Permit Number: NH0000710**

Dear Ms. Woods:

For deficiency #1 (No samples taken)

I will have back up meters available to use when ours are out being calibrated.

For deficiency #2 (Thermometers' not certified)

I will have the refrigerators thermometers calibrated at the DES laboratory yearly as required.

I apologize for the deficiencies and will make every effort not to make them again.

Thank you.

Thomas W. Givetz

Thomas W. Givetz
Superintendent
Powder Mill State Fish Hatchery

Wood, Tracy L

From: Givetz, Thomas [Thomas.Givetz@wildlife.nh.gov]
Sent: Thursday, June 06, 2013 9:24 AM
To: Wood, Tracy L
Subject: RE: NHDES April 17, 2013 NPDES Inspection

DES DEF.doc (84 KB)

Hi Tracy,
Thank you for bringing this to my attention. I have attached my response. Is this all you need or should I send a hard copy to you? Thanks again TOM

Thomas W. Givetz
Superintendent
Powder Mill Fish Hatchery

From: Wood, Tracy L [mailto:Tracy.Wood@des.nh.gov]
Sent: Wed 6/5/2013 7:44 AM
To: Givetz, Thomas
Subject: RE: NHDES April 17, 2013 NPDES Inspection

Hi Thomas,

Inspection letter is attached. Please respond at your earliest convenience.

Thank you,
-Tracy

-----Original Message-----
From: Givetz, Thomas [mailto:Thomas.Givetz@wildlife.nh.gov]
Sent: Tuesday, June 04, 2013 3:29 PM
To: Wood, Tracy L
Subject: RE: NHDES April 17, 2013 NPDES Inspection

Hi Tracy,
I have yet to receive any letter. I knew to expect one , but figured with Roy's retirement it was late coming. If you would send it out I will take care of it ASAP.
Thanks TOM

Thomas W. Givetz
Superintendent
Powder Mill Fish Hatchery

From: Wood, Tracy L [mailto:Tracy.Wood@des.nh.gov]
Sent: Tue 6/4/2013 10:23 AM
To: Givetz, Thomas
Subject: NHDES April 17, 2013 NPDES Inspection

Hi Thomas,

DES has yet to receive a response from Powder Mill Fish Hatchery to the DES April 25, 2013 NPDES inspection letter. A response was required by May 24, 2013. Please let me know when a response letter was mailed out or will be mailed out.

Thank you,

-Tracy Wood

NPDES Compliance Supervisor

WWEB, NHDES

(603) 271-1497

The State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES

Thomas S. Burack, Commissioner

April 25, 2013

Powder Mill Fish Hatchery
New Hampshire Fish and Game
Mr. Thomas Givetz
Superintendent
288 Merrymeeting Road
New Durham, New Hampshire 03855

Subject: National Pollutant Discharge Elimination System (NPDES)
Compliance Sampling Inspection (CSI)
Powder Mill Fish Hatchery
New Durham, NH
NPDES Permit No. NH0000710

Dear Mr. Givetz:

On April 17, 2013, as a representative of the New Hampshire Department of Environmental Services (DES) Wastewater Engineering Bureau, I conducted a NPDES CSI at the Powder Mill Fish Hatchery (Powder Mill). Objectives of the CSI included determining compliance with NPDES permit conditions, verifying the accuracy of permit-required information, and verifying the adequacy of permittee sampling and monitoring.

The following people were present during this CSI:

Thomas Givetz, Superintendent, Powder Mill
Roy D. Gilbreth, Environmental Inspector, DES

DEFICIENCIES: (Response required).

During the inspection the following deficiencies were noted:

1. Powder Mill did not sample outfall 001 and 002 for effluent pH during the weeks of September 19, 2011 and September 26, 2011 as required in Part I.A.1. of its NPDES permit.

2. The certification for thermometers used in the effluent sample refrigerators expired September 16, 2012. Thermometers must be either replaced yearly or calibrated yearly using a NIST-certified thermometer as required pursuant to 40CFR122.41(e) and Part II, Section B.1. of Powder Mill's NPDES permit. Records of thermometer calibrations must be kept on-site.

RECOMMENDATIONS/OBSERVATIONS: (No response required).

1. DES requests that Powder Mill begin recording the slope of the pH meter at the end of calibration. A column for providing this information must be provided on all pH bench sheets.

CORRECTIVE ACTIONS REQUIRED:

DES requests that Powder Mill describe all steps taken to correct the deficiencies identified by the inspector. This description should also include the dates the deficiencies were corrected or the anticipated correction date. If the submitted response is acceptable to DES and the deficiencies are not repeat deficiencies and/or have not resulted in environmental harm, DES will close out the inspection and no further action, other than continued compliance, is required by the permittee. If DES identifies repeat deficiencies or deficiencies that result in environmental harm in this or future inspections, DES may proceed immediately with enforcement.

DES requests that Powder Mill submit its response to this inspection by **May 24, 2013**. If DES does not receive a signed, complete response within the allowed time frame, DES may proceed with an appropriate enforcement action.

Please mail your inspection response to:

Roy D. Gilbreth
NHDES/WD-WWEB
P.O. Box 95
Concord, NH 03302-0095

Enclosed is a copy of EPA Form 3560 – Water Compliance Inspection Report. The analytical results for samples collected on April 17, 2013 and Attachment A - Sample Data Summary will be forwarded under separate cover. As all samples collected are grabs they are not reportable on your April 2013 DMR.

If you have any questions, please call me at 271-1494.

Sincerely,

Roy D. Gilbreth
Environmental Inspector
Wastewater Engineering Bureau

cc: DES, WD, WWEB/File
Paul Heirtzler, P.E., Esq., Administrator, WWEB
Tracy L. Wood, P.E., Compliance Engineer, WWEB
Joy Hilton, USEPA Water Technical Unit

Attachments: EPA Form 3560 – Water Compliance Inspection Report

United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 N 2 5	3 NH0000710 11	12 130417 17	18 S	19 S	20 3

Remarks

21 66

Inspection Work Days	Facility Self-Monitoring Evaluation Rating	B1	QA	Reserved	Reserved
67 14 69	70 4	71 N	72 N	73 74	75 80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)

Powder Mill Fish Hatchery
288 Merrymeeting Road
New Durham, New Hampshire 03855

POTW Name/Permit No.

Entry Time/Date	Permit Effective Date
9:21 AM 4/17/2013	12/22/2011
Exit Time/Date	**Permit Expiration Date**
11:21 AM 4/17/2013	12/21/2016

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)

Thomas Givetz
Superintendent
Phone: (603)859-2041
Fax:

Other Facility Data (e.g., SIC NAICS, and other descriptive information)

Name, Address of Responsible Official/Title/Phone and Fax Number

Jason Smith, Supervisor of Hatcheries
NH Fish & Game
11 Hazen Drive
Concord, NH 03301
Phone: (603)271-1744
Fax:

Contacted ☐ Yes ☑ No

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

☑ Permit	☑ Self Monitoring Program	☐ Pretreatment	☐ MS4
☑ Records/Reports	☐ Compliance Schedules	☐ Pollution Prevention	
☑ Facility Site Review	☑ Laboratory	☐ Storm Water	
☑ Effluent/Receiving Waters	☐ Operations/Maintenance	☐ Combined Sewer Overflow	
☑ Flow Measurement	☐ Sludge Handling/Disposal	☐ Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	*SEV Description*
C0015	Frequency of Sampling Violation

Signature of Inspector	Agency/Office/Phone and Fax Numbers NHDES/WD/WWEB (603) 271-3908/4128	4/19/2013
Signature of Management QA Reviewer Tracy L. Wood, P.E.	Agency/Office/Phone and Fax Numbers NHDES/WD/WWEB (603) 271-3908/4128	4/19/2013

INSTRUCTIONS

Section A: National Data System Coding *(i.e., PCS)*

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number. *(Use the Remarks columns to record the State permit number, if necessary.)*

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 94/06/30 = June 30, 1994).

Column 18: Inspection Type. Use one of the codes listed below to describe the type of inspection:

A Performance Audit
B Compliance Biomonitoring
C Compliance Evaluation (non-sampling)
D Diagnostic
E Corps of Engineers Inspection
F Pretreatment Follow-up
G Pretreatment Audit
I Industrial User (IU) Inspection
L Enforcement Case Support
M Multimedia
O Compliance Evaluation (oversight)
P Pretreatment Compliance Inspection
R Reconnaissance
S Compliance Sampling
U IU Inspection with Pretreatment Audit
X Toxics Inspection
Z Sludge
2 IU Sampling Inspection
3 IU Non-Sampling Inspection
4 IU Toxics Inspection
5 IU Sampling Inspection with Pretreatment
6 IU Non-Sampling Inspection with Pretreatment
7 IU Toxics with Pretreatment

Column 19: Inspector Code. Use one of the codes listed below to describe the *lead agency* in the inspection.

C — Contractor or Other Inspectors *(Specify in Remarks columns)*
E — Corps of Engineers
J — Joint EPA/State Inspectors—EPA Lead
N — NEIC Inspectors
R — EPA Regional Inspector
S — State Inspector
T — Joint State/EPA Inspectors—State lead

Column 20: Facility Type. Use one of the codes below to describe the facility.

1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
2 — Industrial. Other than municipal, agricultural, and Federal facilities.
3 — Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
4 — Federal. Facilities identified as Federal by the EPA Regional Office.
5 — Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Columns 67-69: Inspection Work Days. Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as follow up on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, and other updates to the record).

Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection. The heading marked "Multimedia" may indicate medias such as CAA, RCRA, and TSCA. The heading marked "Other" may indicate activities such as SPCC, BMPs, and concerns that are not covered elsewhere.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

Wood, Tracy L

From: Wood, Tracy L
Sent: Thursday, May 02, 2013 11:23 AM
To: 'thomas.givetz@wildlife.nh.gov'
Cc: 'Smith, Jason'
Subject: RE: Powder Mill Fish Hacthery 4/17/13 Inspection Sample Results

Attached are the sample results.

-----Original Message-----
From: Wood, Tracy L
Sent: Thursday, May 02, 2013 11:22 AM
To: 'thomas.givetz@wildlife.nh.gov'
Cc: 'Smith, Jason'
Subject: Powder Mill Fish Hacthery 4/17/13 Inspection Sample Results

Hi Thomas,

As you may or may not know Roy Gilbreth retired from NHDES as of Tuesday, April 30th. Until we find his replacement, Tom Croteau, Stephanie Larson and I will be completing his work tasks.

Attached are the sample results from Roy's April 17, 2013 NPDES inspection at the Powder Mill Fish Hatchery.

If you have any questions, do not hesitate to contact me.

Regards,
-Tracy Wood

Tracy L. Wood, P.E.
Environmental Engineer
Wastewater Engineering Bureau
Water Division
NH Department of Environmental Services
29 Hazen Drive, P.O. Box 95
Concord, New Hampshire 03302-0095
Phone: (603) 271-1497
Fax: (603) 271-4128
E-Mail: tracy.wood@des.nh.gov

PHONE # 859-2041

Attachment A

Sample Data Summary – To be completed with every inspection

Facility Name: Powder Mill FH Date: 4/17/2013 Inspector: R. Gilbreth

001 11:10am

Sample Type: (Grab) or Composite Sample Time: 002 11:17am Sampler: R. Gilbreth

Sample Location: 001 & 002

Is this the normal sample location for the plant effluent sampling? (YES) or NO If NO, explain: _____

Were split samples collected? YES or (NO) Comments: _____

Sampling Acknowledgement: (Operator/other signature): _____ Date/Time: 4/17/13 11:20 am

Laboratory Analyses – attach DES laboratory report to this attachment

Analysis	Analysis Method	Results 001	Results 002	Permit Limit	Comments
BOD	5210 B	<3 mg/L	<3mg/L		Grab samples - non-reportable
TSS	2540 D	<10mg/L	<10mg/L		Grab samples - non-reportable

Analysis	Analysis Method	Results		Permit Limit	Comments
Total Ammonia, N_2	4500-NH_3G				
Total Phosphorus	4500-P E	0.00826 mg/L	0.0453 mg/L		Grab samples - non-reportable
Total Nitrogen					
Ammonia-Nitrogen		<0.20 mg/L	<0.20 mg/L		Grab Samples - non-reportable

1a. EPA Method 1603 or S.M. 9223B or IDEXX Colilert or Hach mColiBlue-24
2a. Presence of chlorine: S.M. 9222 (B+B.5c); Absence of chlorine: S.M. 9222B
3a. Presence of chlorine: S.M. 9222D; Absence of chlorine: S.M. 9221 CE
4a. EPA Method 1600 or IDEXX – Enterolert

Circle one: T = Total TR = Total Recoverable D = Dissolved

NH DIVISION OF
Public Health Services
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Wednesday, May 01, 2013

STERGIOS SPANOS
NHDES WASTEWATER ENGINEERING BUREAU
29 HAZEN DR
CONCORD NH 03301

RE: Workorder: A301986 - NPDES,MUNICIPAL
Project ID: 05-0021520 - NPDES MUNICIPAL

Dear STERGIOS SPANOS:

Enclosed are the analytical results for the sample(s) received by the laboratory on Wednesday, Apr 17, 2013. Unless indicated as exceptions, the sample(s) met EPA requirements for hold times, preservation techniques, container types and other receipt conditions. Please contact us if you need measurement uncertainty values associated with radiological parameters. Results reported conform to the most current NELAC standard, where applicable, unless otherwise narrated in the body of the report. Any results reported for samples subcontracted to another laboratory are indicated on the report. Please refer to http://www2.des.nh.gov/CertifiedLabs/Certified-Method.aspx for a copy of our current NELAP certificate and accredited parameters.

We appreciate the opportunity to provide this analytical service for you. If you have any questions regarding this report or your results, please feel free to contact us.

The following signature indicates technical review and acceptance of the data.

Sincerely,

Lucio S. Barinelli, Ph.D.
Authorized Signature

Enclosures

REPORT OF LABORATORY ANALYSIS

nelac

NH DIVISION OF
Public Health Services
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New Hampshire Public Health Laboratories
Department of Health and Human Services
29 Hazen Dr., Concord NH 03301
Phone: (603) 271-3445
Fax: (603) 271-2997

DATA QUALIFIER DESCRIPTIONS

Workorder: A301986 - NPDES,MUNICIPAL

Project ID: 05-0021520 - NPDES MUNICIPAL

The following are a list of some column headers and abbreviations with their meanings as used throughout the analysis report. Referring to them will assist you in interpreting your report.

RDL= The lowest value the laboratory calibrates its instrumentation for this parameter. Any instrumental estimate of results below the Report Limit is reported as Not Detected (ND).

DF= For some heavily contaminated samples, the laboratory must dilute samples to keep the final number within its calibration scale. This is referred to as the Dilution Factor. Final results and reporting limits are adjusted relative to the DF used.

QUAL= Indicates that the result has been qualified. Refer to the Analytical Report Comments and Qualifiers page for details.

LIMIT= Reflects the Maximum Contamination Level (MCL), if one exists, a secondary or recommended level or another State or Federal action level.

Surrogates = For some analyses, the laboratory adds a number of compounds to monitor analytical performance. These results are provided for your information.

> = Greater than	< = Less than
mg/L = milligrams per Liter	ug/L = micrograms per Liter
mg/kg = milligrams per kilogram	ug/kg = micrograms per kilogram
P-A = Present/Absent	CTS/100 mL = Counts per 100 milliliters
CFU = Colony forming unit	MPN = Most Probable Number

pCi/L = picoCuries per Liter

J = Estimated value; analyte detected at less than the Reporting Limit but greater than the laboratory's Method Detection Limit.

B = Analyte detected in the method blank for the batch of samples. Its presence in the sample may be suspect.

E = Estimated value; result exceeded the upper calibration level for the parameter.

Radiological results are expressed as a number + an uncertainty factor. Uncertainty is a calculated measure of the precision around the reported value.

All results for pH and residual chlorine samples analyzed more than 15 minutes after time of collection shall be considered QUALIFIED.

REPORT OF LABORATORY ANALYSIS

nelac

NH DIVISION OF
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New Hampshire Public Health Laboratories
Department of Health and Human Services
29 Hazen Dr., Concord NH 03301
Phone: (603) 271-3445
Fax: (603) 271-2997

SAMPLE SUMMARY

Workorder: A301986 - NPDES,MUNICIPAL

Project ID: 05-0021520 - NPDES MUNICIPAL

Lab ID	Sample ID	Ref ID	Matrix	Date Collected	Date Received	Misc Info
A301986001	OUTFALL 001	NEW DURHAM POWDER MILL FH	WATER	4/17/2013 11:10	4/17/2013	
A301986002	OUTFALL 002	NEW DURHAM POWDER MILL FH	WATER	4/17/2013 11:17	4/17/2013	

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Phone: (603) 271-3445
Fax: (603) 271-2997

ANALYTICAL REPORT COMMENTS AND QUALIFIERS

Workorder: A301986 - NPDES,MUNICIPAL
Project ID: 05-0021520 - NPDES MUNICIPAL

Parameter Footnotes

[1] The result is from the x1.5 dilutions. The MS and MSD recoveries are 111 and 106% on the x12 dilution.

[2] Method Blank = -2

[3] The result is from x1.5 dilutions. The MS and MSD recoveries are 101 and 106% on the x12 dilution.

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New Hampshire Public Health Laboratories
Department of Health and Human Services
29 Hazen Dr., Concord NH 03301
Phone: (603) 271-3445
Fax: (603) 271-2997

ANALYTICAL RESULTS

Workorder: A301986 - NPDES,MUNICIPAL
Project ID: 05-0021520 - NPDES MUNICIPAL

Lab ID: **A301986001** Matrix: WATER
Sample ID: **OUTFALL 001** Sample Type: SAMPLE
Description: NEW DURHAM POWDER MILL FH Collector : ROY GILBRETH

Parameters	Results	Units	RDL	DF	Prepared	Analyzed	Limit	Qual
Wet Chemistry								
Analytical Method: SM 5210B								
Biochemical Oxygen Demand, 5	<3	mg/L		1		4/18/2013 13:37		1
Analytical Method: LACHAT 10-115-01-1-F								
Total Phosphorus	0.00826	mg/L	0.0050	1		4/19/2013 10:08		
Analytical Method: LACHAT 10-107-06-6-A								
Ammonia Nitrogen	ND	mg/L	0.20	1		4/23/2013 14:49		
Analytical Method: SM 2540D								
Total Suspended Solids	ND	mg/L	10	1		4/17/2013 15:45		2

REPORT OF LABORATORY ANALYSIS

nelac

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Fax: (603) 271-2997

ANALYTICAL RESULTS

Workorder: A301986 - NPDES,MUNICIPAL
Project ID: 05-0021520 - NPDES MUNICIPAL

Lab ID: **A301986002** Matrix: WATER
Sample ID: **OUTFALL 002** Sample Type: SAMPLE
Description: NEW DURHAM POWDER MILL FH Collector : ROY GILBRETH

Parameters	Results	Units	RDL	DF	Prepared	Analyzed	Limit	Qual
Wet Chemistry								
Analytical Method: SM 5210B								
Biochemical Oxygen Demand, 5	<3	mg/L		1		4/18/2013 13:37		3
Analytical Method: LACHAT 10-115-01-1-F								
Total Phosphorus	0.0453	mg/L	0.0050	1		4/19/2013 10:11		
Analytical Method: LACHAT 10-107-06-6-A								
Ammonia Nitrogen	ND	mg/L	0.20	1		4/23/2013 14:52		
Analytical Method: SM 2540D								
Total Suspended Solids	ND	mg/L	10	1		4/17/2013 15:45		2

REPORT OF LABORATORY ANALYSIS

NH PUBLIC HEALTH LABORATORIES-WATER LAB LOGIN AND CUSTODY SHEET

(Laboratory Policy: Samples not meeting method requirements will be analyzed at the discretion of the DPHS, PHL.)

Samples must be delivered in a cooler with ice or ice packs.

LAB ACCOUNT (Billing) 05-0021520 **One Stop Project:** _____ **NHDES Site Number** _____

Description : Powder Mill FH **Town:** New Durham **Temp. °C.** 4.3

Collected by: R. Gilbreth **Contact & Phone #** R. Gilbreth 271-1494

Sample Location/Station ID	Date Time Sampled	# of Containers	Matrix	BOD TSS	Total Phosphorus	Total Ammonia	Total Kjeldahl Nitrogen	Cl + 4/24/13		Sampler Comments	Lab Login #
outfall 001	4/17/13 11:10 am	2	W	✓ ✓	✓	✓	✓			samples not	A301986001 04/17/13 11:10 05-0021520
outfall 002	4/17/13 11:17 am	2	W	✓ ✓	✓	✓	✓			chlorinated	A301986002 04/17/13 11:17 05-0021520

Relinquished By Roy D. Gilbreth Date and Time 4/17/2013 12:40 Received By _____

Relinquished By _____ Date and Time _____ **Received For Laboratory By** WJ

Matrix: A= Air S= Soil AQ= Aqueous (Ground Water, Surface Water, Drinking Water, Waste Water) π Other: _____

Page 1 **of** 1 Data Reviewed By _____ Date 5-1-13

Section No.: 22.0
Revision No.: 7
Date 07-2011
Page 1 of 1

NPDES INSPECTION CHECKLIST
MUNICIPAL OR INDUSTRIAL WASTEWATER INDIVIDUAL PERMIT

FACILITY NAME: Powder Mill Fish Hatchery

NPDES PERMIT NUMBER: NH 0000710

NPDES PERMIT EXPIRATION DATE: 12-21-2016

I. PRE-INSPECTION INFORMATION

(If Closure Inspection, complete Sections I, II, V, and VI only)

Permittee's Name: NH Fish + Game Inspection Date: 4/17/2013 Sampling Date: 4/17/2013

Inspection Type: (CSI) CEI RI Closure Facility Type: Major (Minor)

Type of Treatment Process or Type of Discharge: fish hatchery settling bed Grade of Municipal Facility: I II III IV (NA)

Date of Last Inspection: 4-12-2011 Type of Last Inspection: (CSI) CEI RI

Last Inspection Performed by: (DES) EPA

Name and Title of Responsible Official: Jason Smith, Chief of Fisheries

Name/Grade of Operator in Responsible Charge: Tom Gipetz, Superintendent Grade I

Name/Grade of Back-up Operator in Responsible Charge: Kevin Dale, Foreman Grade I

Contact (Name/Phone) for Information Regarding Collection System: NA

Time in: 9:21am Time out: 11:21 AM

BACKGROUND INFORMATION

(Complete this section prior to going to facility)

1. (YES) NO Are the Discharge Monitoring Reports (DMRs) submitted to EPA and DES on time? *(Permit – Part I)* If no, explain: ______

2. (YES) NO Are the DMRs completed correctly per latest EPA instructions? If no, explain: ______

3. (YES) NO Has a list of permit violation(s) and DMR error(s) been given to the operator and discussed? If no, explain: ______

Need to record pH meter slope after calibration – Observation
Send Cal Register & copies of pH DO temp test methods w/ explanation

4a. (YES) NO a) Is the person signing the DMRs authorized to do so per the federal regulations? *(40CFR122.22 (b))* If no, explain: _____

4b. (YES) NO NA b) If yes to 4a., has a copy of the authorization letter been sent to EPA and to DES? *(40CFR122.22(c))* Received on (date) 1-6-2011

5. YES (NO) NA Has all permit testing been conducted at the correct frequency? *(Permit: Part I)* If no, explain: pH not tested weeks of 9/19/2011 and 9/26/2011 - meter out for annual calibration

Def. →

6. YES NO (NA) Have all other permit-required reports such as Whole Effluent Toxicity testing, sludge testing results, etc., been completed correctly and submitted on time? *(Permit: Part I)*. If no, explain: _____

7a. YES NO (NA) Has all noncompliance which may endanger health or the environment, including all violations of daily limits, a) been orally reported within 24 hours and

7b. YES NO (NA) b) followed up with a letter to EPA and DES within 5 days? *(Permit Part II, Section D)* If no, explain _____

8. YES NO (NA) Has the facility explained all permit violations in both the 5-day letters (if applicable) and the DMR submittals? *(Permit Part II, Section D)* If no, explain: _____

9. YES NO (NA) Has the facility taken corrective action to address all permit violations? *(Permit Part II, Section D)* If no, explain: _____

II. OPENING CONFERENCE

Note: If the facility is unable to meet with you to complete the checklist and perform a site review, then sample and reschedule the remaining portions of the inspection at a mutually agreeable time.

1. Present credentials/review inspection objectives. *(Objective-To ensure that the facility is being operated as needed to maintain compliance with the facility's NPDES permit).*
2. List people present (include Inspector Name(s)):

NAME	TITLE	PHONE #
Tom Givelz	Superintendent	

3. E-mail address: _____
4. Permittee's mailing address: _____
5. Facility's mailing address: _____

III. PERMIT

1. (YES) NO NA Is a copy of the current permit (Parts I, II and attachments) onsite? *(40CFR121.41)* If no, explain: _____

2. YES NO (NA) If the permit is expired or due to expire within 180 days, has a reapplication package been submitted to DES and EPA *(40CFR122.21)* If no, explain: _____

IV. OTHER NPDES SPECIFIC REPORTS/REQUIREMENTS

NA √ DO samples collected on a discharge that is Formalin Free? (page 7)

√ Water temp & percent saturation of DO measured with each DO sample collected? (page 7)

10 √ Has any rearing equipment been cleaned w/chlorine. If so, was the chlorine neutralized before being exposed to culture water? (page 8)

No √ Has there been any discharge(s) of iodine or phosphoric acid solutions to the rearing water or receiving water? (page 8)

V. RECORDS/REPORTS

1. (YES) NO NA Are the records and reports maintained by the permittee for at least 3 years? *(40CFR122.21(p), 40CFR122.41(j)(2), Part II)* If no, explain: _____

2. (YES) NO NA If the facility monitors any permitted parameter more frequently than required by the permit, using approved test methods, are these additional results included in its DMR calculations? *(Permit Part II: Section D.1.d)* If no, explain: _____

3. (YES) NO NA Is a random check of analytical results reported on the facilities benchsheets consistent with data reported by the permittee on their DMRs? *(Part II Section C)*. If no, explain: June 2012

VI. FACILITY SITE REVIEW

1. YES NO (NA) Is there excessive scum buildup, grease, foam, or floating sludge in or on any of the treatment units? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: ___

2. (YES) NO NA Are tank weirs level? *(40CFR122.41(e) and Permit Part II – Section B)* If no, explain: _____

3. YES (NO) Is there any indication of a hydraulic overload? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: _____

4. YES (NO) Are there any noxious odors leaving the site? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: _____

5. YES (NO) Are there any unsafe conditions (e.g. slicks, faulty guardrails, missing grating, etc.)? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: _____

6. YES (NO) NA Is there any evidence of severe corrosion in any piping or equipment? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: _____

7. YES (NO) NA Are there any breaks or leaks in any chemical feed lines or other piping? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: _____

8. YES (NO) NA Is there any surcharging of influent lines, overflow weirs, or other structures? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: _____

9. YES NO (NA) Is there any evidence of septage spills at the septage receiving facility? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: _____
Facility does not accept Septage

10. YES (NO) Are there any unpermitted flows entering the groundwater or surface water from either the wastewater treatment facility or the collection system? *(RSA 485-A:13)* If yes, explain: _____

11. YES (NO) Is there any evidence of potential spills which can contribute pollutants to any storm drains? *(RSA 485-A:13)* If yes, explain: _____

12. YES NO (NA) Is there any dry weather flow in the stormwater drainage system within the facility? *(Possible violation of RSA 485-A:13 – need to investigate/identify source of flow – actually check drains on site)* If yes, explain: _____

13. YES (NO) Does the facility have any floor drains? *(Violation of Permit Part I and RSA 485-A:13 if discharge to storm drain system, surface water or ground water unless specifically permitted – ok if discharge to headworks of WWTP)* If yes, where are they and where do they discharge? All were sealed years ago.

14. YES NO (NA) If yes to 13, and the floor drain(s) discharge to the headworks of the treatment plant, are there any chemicals/oil/wastes stored in the vicinity of the floor drain? If yes, explain: _____

_____

(Recommendation only if to headworks – violation cited in 13 if discharge anywhere else – if chemicals spill into headworks, may adversely affect the process and result in permit violations)

VII. EFFLUENT/RECEIVING WATER

1. YES NO NA Are there any floating solids, oil sheen, color, or foam **in the effluent**? *(Observation)* If yes, explain: _____

_____

2. YES NO NA Are there any floating solids, oil sheen, color, foam or a recognizable plume **in the receiving water**? *(Permit Part I and Env-Ws 1703.03(c))* If yes, explain: _____

_____

3. Collect sample of effluent. Complete Attachment A.

VIII. FLOW MEASUREMENT

1. YES NO (NA) Are influent (if applicable) and effluent flow measuring device(s) professionally calibrated, at least once per year? *(40CFR122.41(e) and Permit Part II – Section B).* _
What type of influent meter is used? NA
What type of effluent meter is used? measure flow off weirs
If no, explain: measure mill a weirs

_____

2. YES NO (NA) Do facility personnel check the calibration of the flow measuring device(s) between the annual professional calibrations, at least three times per year? *(Recommendation only).* If no, explain frequency. If yes, do facility personnel record the results of these additional tests, and are the results within 10 percent accuracy? _____

_____

3. (YES) NO NA Are all effluent flow measuring devices clean and free of debris and deposits? *(40CFR122.41(e) and Permit Part II – Section B)* If no, explain: _____

_____

4. YES NO (NA) Are the sides of the flume(s) throat vertical and parallel? *(40CRF122.41(e) and Permit Part II – Section B)* If no, explain: _____

_____

5. (YES) NO NA Is the effluent weir level? *(40CRF122.41(e) and Permit Part II – Section B)* If no, explain: _____

_____

6. YES (NO) NA Is there any leakage around any of the flow measuring devices? *(40CRF122.41(e) and Permit Part II – Section B)* If yes, explain: _____

IX. SELF MONITORING

1. (YES) NO NA Are the influent and effluent sampling locations representative of the wastestream? *(Permit Part I and II, Section C)* If no, explain: _____

2. (YES) NO NA Are the correct effluent sample types (grab or composite) taken? *(Permit Part I and Part II-Section E)* If no, explain: _____

3. YES NO (NA) If composite samples are required, are they flow-proportioned? [ ] controlled by flow meter [ ] manually done *(Permit Part II-Section E)* If no, explain: Water from lake - flow does not vary. Do time-sequential sampling

4. YES NO NA Are composite samples cooled to ≤6°C to properly preserve them during the compositing period? *(40CFR136)* If no, explain: _____

5a. YES NO (NA) a) If the composite sample is cooled with ice or gel packs, do you measure the final
5b. YES NO (NA) composite sample temperature to make sure that the cooling is sufficient? b) Do you record these results? *(40CFR122.41(e), Permit Part II-Section B and 40CFR136)* If no, explain: _____

6a. YES (NO) NA a) If a refrigerator is used for preserving composite samples, is there a thermometer in
6b. YES NO NA the refrigerator? b) Is this thermometer checked each time that it is used and are the
6c. YES NO NA results of the checks recorded? c) Or, is the final sample temperature measured and the results recorded? *(40CFR122.41(e), 40CFR136 and Permit Part II-Section B)* If no, explain: _____

7. (YES) NO NA Are all grab samples cooled with ice, gel packs or refrigerated to ≤6°C from the time of collection until analysis including shipping time, if applicable? If no, explain: ___
All handled by Chemserve, Milford NH

8. (YES) NO NA Are all samples which require preservation properly preserved? *(40CFR122.41(e), 40CFR136 and Permit Part II-Section B)* If no, explain: _____
use chem-serve provided bottles

9. (YES) NO NA Are the correct sample containers being used? *(40CFR122.41(e), 40CFR136 and Permit Part II-Section B)* If no, explain: _____
use chem-serve provided bottle

10. YES NO NA Is all the sampling equipment and glassware cleaned before being used? *(40CFR122.41(e), 40CFR136 and Permit Part II-Section B)* If no, explain: _____

11. YES NO NA Does the facility's permit require any metals sampling? _____

12. YES NO NA If yes to 11, does the facility acid wash the sampling containers prior to sample collection as required by the approved analytical methods as required by the facility's permit? If no, explain: _____

X. LABORATORY

1. YES NO NA Has a written laboratory QA/QC manual been updated by the facility and approved by DES in the last 5 years? *(40CFR122.41(e) and Permit Part II-Section B)* (Complete Attachment B if one has not been completed in past 5 years) If yes, provide date Attachment B completed. If no or NA, explain: 11-16-2011

2. YES NO NA Is the QA/QC manual being used by facility personnel? If no explain: _____

3. YES NO NA Does the facility have a copy of the EPA-approved analytical methods for each of the analyses performed at the facility? If no, explain: But need to obtain updated tcs+ methods due to Federal Register Changes in 2012

4. YES NO NA Are the correct analytical testing procedures used and holding times met? *(Permit Part I and 40CFR136)* (Complete Attachment C) If no, explain: _____

5. YES NO NA Are laboratory method detection limits for all parameters tested less than the permit limits? If no, explain: _____

6. YES NO NA With each batch of samples analyzed, is the permittee conducting quality control standards, sample duplicates, spikes and blanks? *(Permit Part I and 40CFR136)* (Complete Attachment D) If no explain: _____

7. YES NO NA If the permittee is using alternate analytical procedures, have they been approved by EPA? *(40CFR136)* If no, explain: _____

8. YES NO NA Is the permittee calibrating and maintaining all laboratory instruments and equipment on the periodic basis specified in the Part 136 Analytical Method or in the QA/QC Manual? *(Annual calibrations for thermometers and balances are required – annual calibrations for all other laboratory instruments are recommended but are not*

required) (40CFR122.41(e), 40CFR136 and Permit Part II-Section B) If no, explain: _____

9. (YES) NO NA Are the thermometer annually checked for calibration using a NIST-certified thermometer or does the facility purchase new NIST-certified thermometers yearly? *(40CFR122.41(e) and Permit Part II-Section B)* If no, explain: _____
DEF → the outfall composite sampler refrigerator thermometers calibration has expired

10. YES (NO) NA Are the reagents and standards being used expired? *(Permit Part II-Section B and 40CFR 122.41(e))* If yes, explain: _____

11. (YES) (NO) NA Is proper laboratory grade pure water available for specific analyses? *(40CFR122.41(e), 40CFR136 and Permit Part II-Section B)* If no, explain: _____
POC

12. (YES) NO NA Are laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available? *(Recommendation only)* If no, explain: ____

13. (YES) NO NA Are reagents and solvents used for the analyses properly stored? *(40CFR122.41(e), 40CFR136 and Permit Part II-Section B)* If no, explain: _____

14. YES NO (NA) Does the permittee cross-check its calculations? *(Recommendation – may result in misreporting which is a violation of the permit – DMRs are certified to be accurate by signature)* If no, explain: _____

15. YES NO (NA) Does the permittee use the correct lab formulae to calculate final results? *(40CFR136)* If no, explain: _____

XI. OPERATIONS AND MAINTENANCE

1. YES NO (NA) Are all treatment units operable? *(Observation – may result in violation of permit – 40CFR122.41(e) and Permit Part II-Section B)* If no, explain: _____

2. YES NO (NA) Does the wastewater treatment facility have an alarm system for all essential equipment? *(40CFR122.41(e) and Permit Part II – Section B)* If no, explain: _____

3. YES NO (NA) Does the facility check its alarm system? How often? _____When was the alarm system last checked? *(40CFR122.41(e) and Permit Part II-Section B)* _____

4. YES NO (NA) Are alarms sent to qualified personnel who can respond immediately to remedy the problem? (*40CFR122.41(e) and Permit Part II*) If no, explain: _____

5. YES NO (NA) Are routine and preventive maintenance scheduled performed and recorded? *(40CFR122.41(e) and Permit Part II-Section B)* If no, explain: _____

6. (YES) NO NA Does the facility maintain written procedures for responding to emergencies such as power failures, floods, fires, and other natural disasters? (*40CFR122.41(e) and Permit Part II-Section B*) If no, explain: _____

7. (YES) NO NA Does the facility maintain a written list of contacts for emergencies? (*40CFR122.41(e) and Permit Part II-Section B*) If no, explain: _____

8. (YES) NO NA Is a logbook kept which documents all plant activities on a daily basis? *(40CFR122.41(e), Permit Part II-Section B and 40CFR122.41(j)(2))* If no, explain: _____

9. YES NO (NA) Does the facility maintain an inventory of spare parts, either at the facility or close by, sufficient to keep all of its treatment units operational? *(40CFR122.41(e) and Permit Part II-Section B)* If no, explain: _____

10. YES NO (NA) Does the facility have standby power for all treatment units? (*40CFR122.41(e) and Permit Part II-Section B*) If no, explain: _____

11. YES NO (NA) Is the standby power regularly exercised under load? *(40CFR122.41(e) and Permit Part II-Section B*) If no, explain: _____

XII. HANDLING AND DISPOSAL OF WASTES

1. YES (NO) NA Is leachate accepted at the facility? If yes, what are the source(s)? _____

What is the average quantity accepted each month? _____

XIII. SANITARY SEWER OVERFLOWS

1. YES NO (NA) Have there been any backups or overflows in the sanitary sewer collection system, including pump stations, manholes and piping since the last inspection on 9/12/2011? If yes, explain cause/frequency/locations and corrective actions taken: _____

2. YES NO (NA) If yes to 1, are these overflows reported to DES and EPA within 24 hours verbally and followed up with a letter in 5 days? If no, explain: ______________________

3. YES NO (NA) If yes to 1, have any of these overflows impacted surface water? If yes, explain: _____

4. YES NO (NA) Does the stormwater collection system for the municipality have any dry weather flows? *(Possible violation of RSA 485-A:13 – need to investigate/identify source of flow – actually check drains on site)* If yes, explain: ______________________

5. YES NO (NA) Does the facility have up-to-date maps/schematics of all stormwater outfalls? *(Recommendation only)* If no, explain: ______________________

XIV. COMBINED SEWER OVERFLOWS

1. YES NO (NA) Is any portion of the facility's sewage collection system combined with the storm water collection system with designated outfalls? *(Observation only with referral to EPA for follow-up investigation/enforcement)* If yes, explain: ______________________

2. YES NO (NA) If yes to 1, are all combined system outfalls identified and permitted in your NPDES permit? *(RSA 485-A:13 – unpermitted discharge)* If no, explain: ______________________

XV. CLOSING CONFERENCE

1. Review Findings.
2. Explain what the next steps are.

DEF

✓ – Did not sample eff for pH last two weeks of Sept 2011

✓ – inf + eff sampler refrigerator thermometers calib. expired. (Sept 16 2012)

✓ DES now requiring pH slope Obs for reporting if meter provides a slope reading

Attachment C - Monitoring Data Checklist

Facility Name: Powder Mill FH Date: 4/17/2013 Inspector: R. Gilbreth

Parameter	pH	DO	Temp									
Sample Date and Time	✓	✓	✓									
Sample Location	✓	✓	✓									
Sample Type [1,2]	✓	✓	✓									
Sampler	✓	✓	✓									
Analysis Date and Time [5]	✓	✓	✓									
Analyst	✓	✓	✓									
Method No. [3]	✓	✓	✓									
Results [6]	✓	✓	✓									
Allowable Holding Time	✓	✓	✓									

1. Grab (G), Composite (8C, 24C)
2. Automatic Flow Proportioned (AFP), Manual Flow Proportioned (MFP)
3. Analysis numbers in current approved edition of Standard Methods
4. For composite samples put time last sample was obtained
5. Time at beginning of analyses
6. Put asterisk next to in-house analyses

Attachment D
NPDES Inspection Checklist
QC for Each Batch of Samples Analyzed

Facility Name: Powder Mill FH Date: 4/17/2013

		yes	no	comments
BOD	effluent (3 dilutions)			
	dilution water blank			
	QC standard			
	seeded dilution water, if applicable			
	seed control			
	duplicate (1 dilution)			
	spike (1/year)			
	pH check/adjustment			
	proper dechlorination solution			
TSS	effluent			
	lab water blank			
	QC standard (e.g., Alpha-trol)			
	duplicate			
	repeat weighings			
	other:			
Bacteria	effluent (3 dilutions)			
	dilution water blank			
	duplicate			
	quarterly split			
pH	calibration standards	4	7	
	QC standard	6 ✓		
HANNA 9210 N	effluent	✓		
ATC	duplicate	✓		
pH meter	temperature	✓		
	% slope			
TRC	blank			
	QC standard			
	effluent			
	duplicate			
SS	effluent			
	duplicate			
Other:				
Temp/DO	effluent	✓		
	QC standard	NA		
	duplicate			
YSI	blank	NA		
550A	spike	NA		

DO - 19th Edition
pH + temperature ASTM methods need to be updated
1990 1993

Powder Mill Fish Hatchery Deficiencies – April 12, 2011

Need to forward updated copies ✓

1. Do not have copies of approved test methods for pH, temperature, and DO on-site.
✓2. Effluent sample composite refrigerator temperatures are not recorded ®.

® = Repeat deficiency

Month	Parameter	Type	Units	Permit Limit	Result	# of violation	Reported properly?	Postmark date:	Comments
7	pH	Daily Minimum	su	6.5	5.25	4	No	8/3/2012	Reported electronically pH below limits due to natural condirtions 002 DMR effluent pH # of Ex.number reported incorrectly. Entered 0, should be 4. Emailed T. Givetz 8/16/2012. DMR corrected electronically 8/17/2012.
8	pH	Daily Minimum	su	6.5	5.32	5	Yes	9/5/2012	Reported electronically pH below limit due to natural conditions
9	pH	Daily Minimum	su	6.5	5.43	3	Yes	10/4/2012	Reported electronically pH below limit due to natural conditions
10	pH	Daily Minimum	su	6.5	5.45	1	Yes	11/1/2012	Reported electronically pH below limit due to natural conditions
11	DMR						Yes	12/3/2012	Reported electronically
12	pH	Daily Minimum	mg/L	6.5	5.7	2	Yes	1/2/2013	Reported electronically violations due to natural conditions
2013									
1	pH	Daily Minimum	su	6.5	6.33	1	Yes	2/1/2013	Reported electronically pH below limit due to natural conditions
2	DMR						No	3/1/2013	Reported electronically. No entries in TRC and formaldehyde reporting rows. Emailed T. Givetz 3/28/2013. DMR corrected electronically 3/28/2013.
3	pH	Daily Minimum	su	6.5	6.26	3	Yes	4/3/2013	Reported electronically pH below limit due to natural conditions

Roy copy

Month	Parameter	Type	Units	Permit Limit	Result	# of violation	Reported properly?	Postmark date:	Comments
2	DMR						No	3/8/2010	Completed additional reporting boxes on parameter rows where an NODI 9 was entered. Spoke w/T. Givetz 3/10/2010. Corrected DMR received 3/11/2010.
3	Signatory Letter								Received 3/1/2010
3	DMR						Yes	4/5/2010	
4	DMR						Yes	5/7/2010	
5	DMR						Yes	6/8/2010	
6	DMR						Yes	7/2/2010	
7	DMR						Yes	8/3/2010	
8	DMR						Yes	9/3/2010	
9	pH	Daily Minimum	su	6.5	6.1	5	No	10/6/2010	Did not provide reason for pH violations. Did not enter the number of pH violations on 010A DMR. Spoke w/T. Givetz 10/7/2010. Corrected DMR received 10/12/2010.
10	pH	Daily Minimum	su	6.5	6.15	5	Yes	11/8/2010	pH violation due to naturally occuring conditions
11	pH	Daily Minimum	su	6.5	6.2	4	Yes	12/3/2010	Violations due to naturally occuring conditions
12	pH	Daily Minimum	su	6.5	5.86	4	Yes	1/4/2011	Violation due to natural occurring conditions
2011									
1	Signatory Letter								Received 1/6/2011
1	pH	Daily Maximum	su	6.5	6.23	2	Yes	2/4/2011	Reported electronically pH below minimum limits due to naturally occuring conditions
2	pH	Daily Minimum	su	6.5	5.45	3	Yes	3/2/2011	Reported electronically violations due to naturally occurring conditions
3	pH	Daily Minimum	su	6	5.88	5	Yes	4/1/2011	Reported electronically Violations due to naturally occurring conditions
		Last Inspection April 12, 2011							
4	pH	Daily Minimum	su	6.5	5.84	4	Yes	5/6/2011	Reported electronically violations due to naturally occurring conditions
5	pH	Daily Minimum	su	6	5.78	2	Yes	6/2/2011	Reported electronically violations due to naturally occurring conditions

Month	Parameter	Type	Units	Permit Limit	Result	# of violation	Reported properly?	Postmark date:	Comments
6	pH	Daily Minimum	su	6	5.87	4	No	7/12/2011	Reported elecrtonically Violation due to naturally occurring conditions. Fish food per day, fish on hand, flow and formaldehyde reporting boxes for DMR 010A not completed. Emailed T. Givetz 7/15/2011. DMR corrected electronically 7/18/2011.
7	pH	Daily Minimum	su	6.5	5.85	4	Yes	8/3/2011	reported electronically pH below limit due to natural conditions
8	pH	Daily Minimum	su	6.5	5.52	5	Yes	9/2/2011	Violations due to natural conditions Reported electronically
9	pH	Daily Minimum	su	6.5	5.64	4	No	10/3/2011	Reported electronically Violations due to natural conditions Effluent DO and pH FOA codes incorrect. Should be 02/30 not 01/07. Emailed T. Givetz 10/19/2011. DMR corrected electronically 10/19/2011. PLEASE NOTE: Did not sample for pH and DO the last two weeks of September
10	pH	Daily Minimum	su	6.5	5.45	4	Yes	11/2/2011	Reported electronically Violations due to natural conditions
11	DMR						Yes	12/5/2011	Reported electronically
12	pH	Daily Minimum	su	6.5	6.12	4	Yes	1/5/2012	Reported electronically pH below limits due to natural conditions
2012									
1	pH	Daily Minimum	su	6.5	6.06	3	Yes	2/2/2012	Reported electronically violations due to naturally occurring conditions
2	pH	Daily Minimum	su	6.5	5.41	5	Yes	3/1/2012	Reported electronically pH below limit due to natural conditions
3	pH	Daily Minimum	su	6.5	5.99	4	Yes	4/3/2012	Reported electronically pH below limit due to natural conditions
4	pH	Daily Minimum	su	6.5	5.56	4	Yes	5/1/2012	Reported electronically pH below limit due to natural conditions
5	pH	Daily Minimum	su	6.5	5.71	5	Yes	6/6/2012	reported electronically violations due to natural conditions
6	pH	Daily Minimum	su	6.5	5.71	4	Yes	7/3/2012	Reported electronically pH below limit due to natural conditions

pH sample 1x week
DO sample 1x month
(Formalin absent)